## State of South Dakota



DEC 27 2004

## Candidate's or Committee's Report of Receipts and Expenditures RECEIVED

Candidates and candidate committees: File in the office where you filed your nominating petition. PACs, political party, ballot question and other committees: File with Elections Department, Secretary of State's Office, S.D. SEC. OF STATE 500 E Capitol Ave., Pierre, SD 57501-5070 See pages 9 & 10 of the Guideline Book for specific instructions on completing this report. Druille B. Smidt Name of Candidate or Committee Complete Mailing Address 117 4T" 5+ Brookings, 50 57006 Name of Person Making Report Oryille B. Smidt Daytime Phone Number 697-2000 If you are a candidate, what office are you seeking? Senate If you are a ballot question committee, indicate which measure(s) the committee was involved with during the reporting period and whether the measure was supported or opposed. Type of Report (See pages 4 & 5 of Guideline Book) Post - Genceal For Reporting Period Ending (See pages 4 & 5 of Guideline Book) 12-31-04 The following verification must be completed before submitting report. VERIFICATION OF PERSON MAKING REPORT Date: 12-23-2004 Candidate Signature or Signature of Committee Treasurer or Chairperson Revised July 2001

Filed this

\*\$ 1450

Name of Candidate or Co	ommittee Craile 3.	Smidt	<u></u>
For the reporting period	ending 12-31-200	ч	
combine all contributions of \$10 contributions on their respective year from an individual or polit amount, name, address and place	Schedule A – Direct C ing all direct contributions. You must keep 00 or less from individuals and the same fir e lines below and on the next page. Any co- ical party and all contributions from PAC' be of employment (if applicable) of the con- be duplicated if you need more space, or y	o a record of all contributors, but for com political parties and enter these intribution of more than \$100 or ag is must be entered as a separate item attributor. Each type of contributor h	e sums as uniternized gregate during a calendar in (itemized) giving the has their own section for
Unitemized Contributions fro	m Individuals:		*\$ 3960
Itemized Contributions from	Individuals		
Name	Residence Address	Place of Employment (Name of Employer)	
Richard Adee	P.O. Box 368, Bruce 57220		\$ 250
Al Kurtenbach	47209 220THST Brookings 57006	Daktronics	\$ 250
Harvey Mills	2290 Club House Dr. Brooking	Mills Construction	\$ 250
Bruce Burckhardt	P.O. Boy 417 Bookings, 57006	Burchhault Burinesses	\$ 200
Mike Rounds	P.a. Box 973, Piere 51501	State of S.D.	\$ 250
Mark Barnett	III Bridgeview, Piere 57501	State of S.D.	\$ 250
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**Total of Itemized Contributions from Individuals:** 

Name of Candidate or Committee $\mathcal{O}$	ruille B. Smidt	Appendix B
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For the reporting period ending $\frac{13}{3}$	31-2004	
Schedule A –	<b>Direct Contributions (continued)</b>	
Unitemized Contributions from Political Parties:		*\$ <u>Ø</u>
Itemized Contributions from Political Parties		
Party Name	Address	_
SORP	P.O. Box 1099 Pierre 57501	\$ 2450
		\$ 2450
Total of Itemized Contributions from Political Parameter Contributions from Political Action Contributions from Political Parameter Political Paramete	mmittees (PAC's) - All contributions from PAC's must Address	*\$ <u>3450</u> be itemized.
	2703W.77454, Sioux Falls 57104	\$ <i>25</i>
5.0. Inn Keepers Assoc	P.a Box 1138, Piere 57501	\$ 300
5.D. Assoc of Ins Agents	222 East Capital Ave, Pierre 57501	\$ 100
S.D. AHO	3708 Brooks Alace, Sioux Fulls 57106	\$ 250
S.D. RPAC	120 N. Endid Pieve 57501	\$ 300
NSP	P.O. Box 988 Sionx Falls 57101	\$ 100
5.D. Med	13235. Minesoty Auc Sioux Falls 57105	\$ 500
CRNA	4518 River Coks Dr. Sions Fells 57105	\$ 100
5. D. Contractors	P.D. BOX 488, Pierre 57501	\$ 300
IFR- S.D.	P.O. Box 827, Piece 57501	\$ 150
COTEL	P.O. Box 57, Pierre 57501	\$ 200
S-D. DPAC	P.O. BOX 1194, Picre 57501	\$ 100
5.D. Dealers	P.C. Box 89008, Sionx Falls 57109	\$ 190
5.D. Cory Growers	3801 S. Western Auc, Sion Falls 57105	\$ 100
s.D. Retailers	P.O. BOX 638, Pierre 57501	\$ <u>გაი</u>
IC8 of 5.0.	A.O. Box 696, Mitchell 57301	\$ 300
5.0. Health Care Assoc.	BOHN. Western Aue, Sions Falls 57104	\$ 200
5,0, Assoc of Specialty Case Providers	1868 Lounbardy Drive, Rapid City 57703	\$ 250
5.D. Trial Lawyers	AOBOK 1154 Piere 57501	\$ 500
5.0. Chiropractic	3708 Brooks Place Stour Fells 57106	\$ <u>300</u> \$ 500
5.D. Assoc of Health Care Org	2708 Brooks Alece Speak Falls 57106	\$ 100
MOU RESOLUCE Group	P.O. Box 5650 Bismark, N.D. 58506	\$ 400
Wells Fargo Action Conte For Ethanol	P.O. Box 5128, Sioux Falls 57117 P.O. Box 184, Sioux Falls 57101	\$ <u>50</u>
J.D. for Quality Coble Til	10. Box 356, Pierre 57501	\$ 350
Total of Itemized Contributions from Political A		+\$ 614D
		+ <u>101_30</u>
Total of All Direct Contributions (Sum of all lin		\$ 14,000
North Western Energy	P.O. Box 392, Milbank 57252	4 300
Offer Tail Power	HO BOL 342, MILDRUK 5745-4	\$ 100 \$ 125
BI FAC	P.O. Box 190, Pierre 57501	150
QWEST	125 5. Dakota Ave, Stock Falls 5791	* 13

Schedule B - Fund-Raising Events Proceeds ist on this schedule fund-raising events held to raise money for the candidate and the net proceeds derived from each event. If a contributor gives more than \$100 in the calendar year, those ontributions must be itemized on Schedule A.    Net Proceeds	Name of Control of Control	Orville B. Smidt	<b>F1</b>
Schedule B - Fund-Raising Events Proceeds ist on this schedule fund-raising events held to raise money for the candidate and the net proceeds derived from each event. If a contribution gives more than \$100 in the calendar year, those outributions must be itemized on Schedule A.  Schedule C - In Kind Contributions  Schedule C - In Kind Contributions  Leport all non-cash contributions of goods or services and the estimated fair market value. If the value exceeds \$100, the name contributor, residence address and place of employment must be reported.  Nature of Non-Cash Contribution  Name, Residence Address &  Nature of Non-Cash Contribution  Place of Employment  Estimated Value  Your A Signs  Spr. A.B. Box 1044, Preve, 58 57501  Spr. A.B. Gost 1044, Preve, 58 57501  Spr. A.B. Gost 1044, Preve, 58 57501  Spr. A.B. Gost 1044, Preve, 58 57501  (1344)  Schedule D - Other Income  See this schedule to report any refunds, interest earned or other income which is not a direct contribution.			
ist on this schedule fund-raising events held to raise money for the candidate and the net proceeds derived from each event. If a multiply a process of the calendar year, those patributions must be itemized on Schedule A.  The or Name of Event  Schedule C - In Kind Contributions  Name, Residence Address & Place of Employment  Estimated Value  Schedule C - In Kind Contributions  Name, Residence Address & Place of Employment  Schedule C - In Kind Contributions  Schedule C - In Kind Contributions  Schedule C - In Kind Contributions  Name, Residence Address & State of	or the reporting period ending:	12-31-2004	
Schedule C - In Kind Contributions  Leport all non-cash contributions of goods or services and the estimated fair market value. If the value exceeds \$100, the name of non-cash contributor, residence address and place of employment must be reported.  Nature of Non-Cash Contribution  Name, Residence Address & Betimated Value  Place of Employment  Schedule Signs  SDRP, P.O. Box 1093, Pierre, 38 \$7501  JOSO  TV  SDRP, P.O. Box 1093, Pierre, 38 \$7501  JOSO  TV  SCHEDULE D - Other Income  See this schedule to report any refunds, interest earned or other income which is not a direct contribution.  Source of Income  Amount	ist on this schedule fund-raising events held ontributor gives more than \$100 or their cor	to raise money for the candidate and the net proceeds derivitibution results in their aggregate being more than \$100 in	ed from each event. If a the calendar year, those
Schedule C - In Kind Contributions  teport all non-eash contributions of goods or services and the estimated fair market value. If the value exceeds \$100, the name contributor, residence address and place of employment must be reported.  Nature of Non-Cash Contribution  Name, Residence Address & Place of Employment  Estimated Value  Yard Signs  SDRP, P.D. Box 1099, Pierre, 56 57501  4050  TV  SDRP, P.O. Gox 1099, Pierre, 56 57501  4,349  Fotal:  Schedule D - Other Income  Jose this schedule to report any refunds, interest earned or other income which is not a direct contribution.  Source of Income  Amount	Type or Name of Event	· · · · · · · · · · · · · · · · · · ·	Net Proceeds
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Report all non-cash contributions of goods or services and the estimated fair market value. If the value exceeds \$100, the name contributor, residence address and place of employment must be reported.    Name, Residence Address & Place of Employment	Total:		
Yard Signs    SDRP   P.O. Box   1999   Piere, 38 57501   180     Mailings   SDRP   P.O. Box   1999   Piere, 38 57501   3,050     TV   SDRP   P.O. Box   1999   Piere, 38 57501   1,349     Total:   3579     Schedule D - Other Income     Just this schedule to report any refunds, interest earned or other income which is not a direct contribution.     Source of Income   Amount	· · · · · · · · · · · · · · · · · · ·	Name, Residence Address &	
Mailings   SDRP, P.O. Box 1099, Pierre, Sd 57501   3,050   TV   SDRP, P.O. Box 1099, Pierre, Sd 57501   1,349    Total:   3579    Schedule D - Other Income  Use this schedule to report any refunds, interest earned or other income which is not a direct contribution.  Source of Income   Amount			
Schedule D - Other Income  Schedule to report any refunds, interest earned or other income which is not a direct contribution.  Source of Income  Amount		SDRP, P.O. BOX 1099, Pierce, 58 57501	
Schedule D - Other Income  Use this schedule to report any refunds, interest earned or other income which is not a direct contribution.  Source of Income  Amount	Mailings	SDRP AN BOX 1099 Pierces 57501	
Schedule D - Other Income  Use this schedule to report any refunds, interest earned or other income which is not a direct contribution.  Amount		3011, 7.0, 002 1011, 7 1001, 54 3 18 01	(,341
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Jse this schedule to report any refunds, interest earned or other income which is not a direct contribution.    Amount	Total:		3579
	Use this schedule to report any refunds, inter		
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Total: $U_{}$			

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Name of Candidate or Committee:	Orvilla	<u>B</u>	Smidt	 
For the reporting period ending:	12-31-	2001	1	

Schedule E - Expenditures

This schedule is to report all expenditures relating to a candidate's campaign. Line items have been provided for reporting common expenses. All other expenses should be listed. All contributions to candidates and committees must be listed individually.

Ехр	enses	Contributions Made to Candidates and	d Committees
tem	Amount	Name of Candidate or Committee	Amount
dvertising	6917	SDRP	520
Consulting	297	BCR	350
ostage	379	Rounds For Governor	1000
rinting	733		
Rent	450		
Salaries	Ø		
Celephone	412		
Travel	Ø		
<b>Itilities</b>	Ø		
ist other expense	List other expense		
tems below	amounts below		:
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Name of Candidate or Committee: Orville B. Smidt

Naı	me of Candidate or Committee: Orville B. Smidt	<u> </u>
For	the reporting period ending: 12-31-2004	
	Summary Page summary sheet will give a brief outline of all campaign finance activity during this reporting period. Part the schedules previously completed.	lease transfer all total
1.	Amount on hand, if any, at the beginning of the reporting period:	\$ 1,026
2.	Receipts	
	Schedule A - Direct Contributions \$ 14,000	
	Schedule B - Fund-Raising Events \$	
•	Schedule C - In Kind Contributions \$ 3,579	
	Schedule D - Other Income \$	aan oo ah
	Total of all Receipts \$ 17,599	
3.	Total Monetary Receipts (A+B+D)	\$ 14,000
4.	Candidate's Personal Contribution to Own Campaign	\$ 250
5.	Monetary Loans to Candidate or Committee During Reporting Period	\$ <i>Ø</i>
6.	Monetary Loans Repaid During Reporting Period	\$ <i>Ø</i>
7.	Expenditures - Schedule E	\$ 11,058
8.	Unpaid Obligations - Schedule F \$	
9.	Amount on hand at the close of this reporting period. * This should equal lines (1+3+4+5) – (6+7)	\$ 4218

\$ 4218

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